

# The Registry Review

The Newsletter of the

Winter

South Carolina Central Cancer Registry

2003

## SCCCR Hopes to Build on Successes in 2003

The South Carolina Central Cancer Registry (SCCCR) experienced many successes in 2002 to build on in 2003. The registry published "South Carolina Cancer Facts and Figures 2001-2002," the first report from the registry containing combined years of cancer incidence (1996-1998). Also, the registry was awarded gold certification for the third consecutive year for the 1999 data. The 2000 data was recently submitted by the SCCCR.

The data from the registry are being utilized within South Carolina for cancer planning for statewide initiatives, research, project evaluation, and cancer cluster investigations. Today, the registry is recognized nationally through participation in national committees, studies, and conferences.

The year 2002 also brought many changes within the SCCCR. With several years of data available, data utilization has become an increasingly critical component of the registry. The registry has worked to streamline the process of data collection and reporting of cancer cases to improve timeliness of reporting. As a result, there are many new faces at the SCCCR. The newest members of the registry staff are profiled in the accompanying article on this page of *The Registry Review*.



Andrews



Cope



Hurst



Kirkland

### New Staff Members at the Registry

**Virginia Andrews, Statistician.** Virginia joined the registry in November, 2002. Previously, she worked in DHEC's Office of Immunization as a research and statistical analyst. She received her MPH degree from the University of South Carolina School of Public Health in 1991. She has worked for DHEC for five years and in the field of epidemiology for 11 years. She is responsible for all statistical analyses for the SCCCR.

**Linda Cope, Data Acquisition and Quality Control Manager.** Linda joined the registry in September, 2002. Previously, she worked for the Medical University of South Carolina for nine years as the Cancer Registry Coordinator. She received her CTR in 1996. Linda is responsible for the planning, development, and implementation of all data collection and quality control activities.

**Shannon Hurst, Death Clearance Coordinator.** Shannon joined the registry in October, 2002. Previously, she worked in DHEC's Injury and Violence Prevention Division, Traumatic Brain and Spinal Cord Injury Trauma Registry. She received her Associate Degree in Health Information Management and her RHIT certification in 1997. She is currently working on her Bachelor's Degree in Business Administration. Shannon conducts all activities related to the death clearance process.

**Rhonda Kirkland, Oral Cancer Project Coordinator.** Rhonda joined the registry in August, 2002. Previously, she worked in DHEC's, Injury and Violence Prevention Division, Traumatic Brain and Spinal Cord Injury Trauma Registry. She has a Bachelor's Degree in Business Administration, an Associate Degree in Health Information Technology, and RHIT Certification. She is responsible for all of the activities related to the Oral Cancer Project.

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## From The Director

As we begin the new year, it's naturally a time to reflect on the past one. It seems there is hardly time to review accomplishments made over the last 12 months before the challenges of the new year quickly take over. This holds true at the central cancer registry as well.

Information in this newsletter communicates news of recent SCCCR accomplishments. This includes expansion of staff with new positions, participation in national and international studies, national committees, and recognition of our collaborators who provide our cancer incidence data.

The article on page one introduces and profiles our new personnel. As part of our streamlining efforts, we have consolidated our data collection and quality control coordination into the position that Linda Cope now holds. We are excited to have Shannon Hurst in our full-time position to coordinate and perform death clearance activities. One of the growing areas within the central registry for the next few years will be our statistical branch. Virginia Andrews joins us now in the beginning stages of this area of the registry. Rhonda Kirkland is aptly coordinating the Oral Cancer Project. We are also happy to welcome Kathy Barnes back to the SCCCR as Training Coordinator.

This year, we anticipate the SCCCR playing a vital role as a partner in the South Carolina Cancer Alliance (SCCA). Each of the five Task Forces (Prevention, Early Detection, Patient Care, Research, and Advocacy/Policy) have the overarching need for cancer surveillance data. Therefore, the SCCCR staff will participate in each of the task force groups to provide the cancer data resource as needed. The first official meeting of the SCCA was March 12 in Columbia. As I have said before, I encourage registrars to participate. Membership is free (at this time) and getting in at the ground level has its advantages.

"A Day at the Central Cancer Registry" was designed not only to educate our data sources about central registry operations, but also to recognize you for the continued cooperation and valuable work that you do. Thanks to those who were able to attend. It was a time to meet together, have fun, and learn from each other.

I hope to see everyone at the SCCRA Spring Educational Conference in Charleston.

## Real Questions?...*Real* Answers!

Was your New Year's Resolution to review your coding Rules and Standards? Below are some general rules for your review. Thanks to Kathy Brant of the SCCCR for the following points of interest. Kathy Barnes has returned as Training Coordinator. If you learn of an interesting question/answer, whether new or unclear, please send them to her so they may be shared.

(1) In the SEER Summary Staging Manual page 151 (Lung); please refer to Notes to help determine stage:

Note 2: Assume tumor > 2 cm from carina if lobectomy, segmental resection, or wedge resection is done.

Note 4: Ignore pleural effusion

which is negative for tumor. Assume that a pleural effusion is negative if a resection is done.

Note 5: If at mediastinoscopy/x-ray the description is mediastinal mass/adenopathy or if any of the lymph nodes named in Regional Lymph Nodes are mentioned, assume that mediastinal nodes are involved.

Note 7: "Vocal cord paralysis", superior vena cava syndrome," and "compression of the trachea or the esophagus" are classified as mediastinal lymph node involvement unless there is a statement of involvement by direct extensions from the primary tumor.

(2) In the SEER Summary Staging Manual page 225 (Prostate), No capsu-

lar extension, but margins involved is coded to Regional By Direct Extension.

(3) The following website has Oncology Agents not listed in SEER BOOK 8. It is complete as of 5/17/02.

<http://www.fda.gov/cder/cancer/druglistframe.htm>

Please note: Aredia is listed as Ancillary and DO NOT CODE, also Rituxan is coded to Immunotherapy.

(4) ROADS, page 111 Code the grade in the FINAL Pathological diagnosis, if it is not stated, use the information from the microscopic description. Code the grade or differentiation from the primary tumor, not from metastatic sites.

# Registry Increases National Activities

The SCCCR is heavily involved in cancer surveillance activities on a national level, as mentioned in previous newsletters. Staff members of the registry now actively participate in several national committees. The SCCCR holds positions on the NAACCR Registry Operations Committee, Education Committee, and Path Lab Committee. The Director also serves on the NAACCR Mentorship Program Review Panel and as an alternate for the NAACCR IRB.

National presentations made by staff include four oral/poster presentations at the 2002 Annual NAACCR Conference in Toronto. Titles included "Prostate Cancer Outcomes for Rural and Minority Cases in South Carolina"; "Statistical Methods for Detecting Global and Local Clustering of Cancer"; "Peer County Comparisons Across Three Southeastern States for Cancer Patterns"; and "Innovative Cancer Registry Products to Support Comprehensive Cancer Control."

An article entitled "A Statistical Process Control Method to Monitor Completeness of Central Cancer Registry Reporting Data" was published in the Winter 2002 issue of the *Journal of Registry Management*. Also, SCCCR

staff represented DHEC at a CDC National Center for Environmental Health workshop on states' response to suspected cancer clusters.

The SCCCR is participating in the American Cancer Society's Study of Cancer Survivors, the CDC funded CONCORD and Patterns of Care (PoC) Study of Breast, Colorectal, and Prostate Cancer, and the CDC funded Oral/Pharyngeal Cancer Project.

Updates on these studies are described below.

## **American Cancer Society's Study of Cancer Survivors**

The SCCCR is more than halfway through the American Cancer Society's (ACS) Study of Cancer Survivors-1. The SCCCR has been working with the ACS to identify cancer patients potentially eligible for the study. The physician of each eligible patient is contacted to get consent. If there is physician consent, then patients are contacted about participating in the study.

The goal of the study is to examine the behavioral, psychosocial, treatment and support factors that influence the quality of life and survival of cancer survivors in the United States. The

study will continue in South Carolina until Nov. 30, 2003.

## **CONCORD/POC**

Laura Sanders joined the registry in October, 1998 as Special Projects Coordinator. For the past two years, she has served as Special Projects Manager. In addition to her current duties, Laura has served as the CONCORD/Patterns of Care Project Manager since November, 2002. In this role, Laura will implement the proposed case selection, reabstraction, and data quality activities for the CONCORD/Patterns of Care Project.

The SCCCR has begun data collection for the CONCORD and Breast, Colon, and Prostate Cancer Data Quality and Patterns of Care (PoC) studies. The PoC study will provide an assessment of the quality of the stage at diagnosis and treatment data in seven states and the District of Columbia by using representative samples from

*(See Updates, Page 4)*

## **A "Day at the Central Cancer Registry" Covers Surveillance Process, Other Topics**

The SCCCR staff believes that cancer surveillance is a team effort in our state and that all members of the healthcare community have a part in our success.

On Feb. 7, the SCCCR staff hosted "A Day at the Central Registry" to demonstrate our cancer surveillance process and cover topics such as State Law, HIPAA, Casefinding, Data Collection, Data Usage and Death Clearance.

Eleven people from facilities that do not have a designated cancer regis-

try joined the SCCCR staff at 2600 Bull Street in Columbia for a fun-filled day.

The SCCCR staff also hosted cancer registrars from registry hospitals on Feb. 28, 2003. A total of seventeen staff from these facilities attended. It was especially interesting that participants included hospital administration and research staff.

Based on the evaluation received from both days, the information was useful and relevant for attendees. Therefore, the SCCCR will make this an annual event.

## **Spring SCCRA Meeting Scheduled April 3-4**

The SCCCR will host the Spring Educational Conference of the South Carolina Cancer Registrars Association.

Please mark your calendar so you may join us on April 3-4, 2003 at the Charleston Riverview Hotel in Charleston, SC.

Topics will include benign brain tumors, data mining, alternative medicine, collecting the new hematopoietic diseases and central registry data collection topics.

Registration information was distributed by e-mail and regular mail. If you need more information, please contact Kathy Barnes at (803) 898-3080 or 1-800-817-4774.

# Updates on National Studies

(Continued from Page 3)

population-based cancer registries. The CONCORD study is being conducted in collaboration with the PoC study. It will measure and explain differences in cancer survival between North America and Europe.

The SCCCR will use three existing staff members to work as data collectors on the project. The data collectors have been trained on study procedures. Data collection began January, 2003. Reabstraction will be done on a sample of cases diagnosed in 1997. Data collection will be conducted through Sept. 30, 2004.

## Oral Cancer Project

The Oral Cancer Project evaluates the completeness, timeliness and quality of oral and pharyngeal cancer in South Carolina. Various methods are applied to measure and to improve data collection, reliability and validity. This project involves reabstraction, case ascertainment, and coding reliability and validity study.

**Re-abstracting audit** - Staff have re-abstracted 65% of the 104 cases. The targeted completion of re-abstraction is Mar. 31, 2003.

**Coding Reliability and Validity Study** - The registry has sent out case studies to all cancer registrars in the state. It will be a case study utilized as a quality control audit for the SCCCR. It will measure the quality of coding/abstracting process and agreement among South Carolina registrars in terms of reproducibility with reporting for this cancer site.

**Case Ascertainment** - The SCCCR will begin work on the case ascertainment for oral/pharyngeal cancers this spring. This study will focus on African-American cases, medically under-served counties, and border counties of North Carolina and Georgia. This study design will help identify missed cases through possible "border leakage".



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